



STATE OF TENNESSEE
BUREAU OF TENNCARE
DEPARTMENT OF FINANCE AND ADMINISTRATION
310 GREAT CIRCLE ROAD
NASHVILLE, TENNESSEE

This notice is to advise you of information regarding the *TennCare Pharmacy Program*.

Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

With a number of changes that will directly impact providers being implemented for the *TennCare Program*, this notice is being sent as a reminder of those changes. We encourage you to read this notice thoroughly and contact First Health's Technical Call Center should you have additional questions.

Preferred Drug List (PDL) for TennCare:

The following updates will go into effect on June 1, 2006. TennCare began the process of updating the Preferred Drug List (PDL) on July 1, 2005. As new therapeutic classes have been reviewed, changes have occurred to the PDL. As a result of these changes, some medications your patients are taking may now be considered non-preferred agents. Please inform your patients who are on one of these medications that switching to a preferred medication will decrease delays in receiving their medications. To make this transition easier for your patients, TennCare will grandfather the following lists of medications that are being removed from the PDL. **However, if there is an existing prior authorization in place for that medication, the PA will remain active through the current expiration date. Please attempt to process prescriptions for these medications as your patients may have previous Prior Authorizations in place for these medications.** Please feel free to share the information with all TennCare providers. The individual changes to the PDL are listed below with the changes outlined to make switching to a PDL drug easier for your patients.

- **Cardiovascular: Alpha blockers**
 - Cardura XL[®] 4mg and 8mg tablets will become non-preferred (new to PDL)
- **Anti-Depressants: New Generation**
 - Emsam[®] patches will become non-preferred (new to PDL)
- **Urological Agents**
 - Vesicare[®] will move to preferred from non-preferred
- **Respiratory: Corticosteroids, Inhaled**
 - Flovent HFA[®] will move to preferred from non-preferred
- **Hormones: Oral Estrogens**
 - Enjuvia[®] will become non-preferred (new to PDL)
- **Analgesics: Narcotics: Short-Acting**
 - Combunox[®] will become non-preferred (new to PDL)
- **Respiratory: Corticosteroids, Intranasal**
 - Nasacort AQ[®] will move to preferred from non-preferred

- **Respiratory: Beta-agonist combinations**
 - Advair® will move to preferred from non-preferred
- **Diabetes: Thiazolidinedione combinations**
 - ACTOplus Met® will move to preferred from non-preferred
- **Anti-Infectives: Antivirals, Herpes**
 - Valtrex® tablets will move to preferred from non-preferred
- **Anti-Infectives: Antifungals: Oral**
 - Gris-PEG® and Grifulvin® tablets will move to preferred from non-preferred

NOTE: All of the aforementioned changes, whether preferred or non-preferred, may have additional criteria which controls their usage. Any clinical criteria associated with an agent are noted with a superscripted “CC”. Please refer to the Clinical Criteria, Step Therapy, Quantity Level Limits for PDL medications document (website link referenced below) for additional information.

Additions to the Short List for TennCare (effective 6-1-06):

- Baraclude®
- Nexavar®
- Sutent®

Additions to the Brand as Generics List for TennCare (effective 6-1-06):

- Levemir®

Changes to the CC, ST, QL for the PDL (effective 6-1-06):

- **Antipsychotics: Atypical**
 - Clinical criteria for this class will change to “a failed trial of one preferred medication” from “failed trials of two preferred medications” to allow authorization of a non-preferred medication
 - Quantity limits for Risperdal M-tab® will be added for the new 3 and 4 mg strengths as “two tablets per day”
- **Gastrointestinal agents**
 - The clinical criteria for Carafate® (sucralfate) will be removed from the PDL

Clarification on Benzodiazepines listed on the PDL:

Currently, enrollees under 21, for Medicaid standard, and under 19, for TennCare Standard, are still eligible to receive benzodiazepines as a covered service. Many providers have had questions as to why they are still listed on the PDL if they are not available for all enrollees. The PDL lists the medications that have been reviewed by the Pharmacy Advisory Committee and TennCare. Prescription coverage for TennCare recipients may vary between children and adults. The Preferred Drug List is not a guarantee of prescription drug coverage.

Guide for TennCare Pharmacies: Override Codes

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (461-EU)	8
Emergency supply (Rx CHANGED to PDL or PA received after 3-day supply already dispensed) to prevent from counting twice toward script limit	Submission Clarification Code (42Ø-DK)	5
Hospice Patient (Exempt from Co-pay)	Patient Location Field (NCPDP field 307-C7)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator Field (NCPDP field 335-2C)	2
Clozapine / Clozaril® (process second clozapine prescription in the month with an override code to avoid counting twice)	Submission Clarification Code (42Ø-DK)	2
Effexor® 225mg (Effexor® XR 75 mg and Effexor® XR 150 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2
Cymbalta® 90mg (Cymbalta® 30 mg and Cymbalta® 60 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2

Important Phone Numbers:

TennCare Family Assistance Service Center	866-311-4287
Express Scripts Health Options Hotline (RxOutreach PAP)	888-486-9355
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program (providers only)	888-816-1680
TennCare Pharmacy Fax (to reorder Drugstore Notice Forms)	888-298-4130
First Health Services Technical Call Center	866-434-5520
First Health Services Clinical Call Center	866-434-5524
First Health Services Call Center Fax	866-434-5523

Helpful TennCare Internet Links:

First Health Services: <http://tennessee.fhsc.com> under “Providers,” then “Documents”

- Preferred Drug List (PDL)
- Clinical Criteria, Step Therapy, and Quantity Level Limits for PDL medications
- Brand Drugs Counted As Generics
- Short List of Medications

TennCare home website
www.tennessee.gov/tenncare/

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information or updated payer specifications, please visit the First Health Services website at: <http://tennessee.fhsc.com> under “Providers,” then “Documents.” Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

<p>Thank you for your participation in the TennCare program and your commitment to assist your patients as we implement the reforms necessary to bring program costs in line with available funding.</p>
